

APPLICATION FOR SCIENTIFIC **PURPOSES LICENSE**

State Form 21945 (R6 / 8-08) Approved by State Board of Accounts, 2008

INSTRUCTIONS: 1. Please print or type information.

2. Be sure to read all regulations.

3. Please allow 1-2 weeks for processing.

DEPARTMENT OF NATURAL RESOURCES

Division of Fish and Wildlife Attn: Operations Staff Specialist 402 W. Washington St., Rm. W273 Indianapolis, IN 46204-2781

Telephone: (317) 233-6527 Fax Number: (317) 232-8150

FEE: \$10.00	ate	
Name (Last, First, Middle Initial)		Date of Birth
Applicant's Occupation and Education Level		
Applicant's Affiliation		
Business Address (Number and Street or Rural Ro	ute)	
City	State	ZIP Code
Telephone Number ()	E-Mail Addre	SS
Please check all that apply for the type of species ☐ Amphibians ☐ Live mussels ☐ Dead she		nmals ☐ Fish ☐ Reptiles ☐ Birds ☐ Nests and eggs
	ames of species to be colleng, etc.). Please attach a pro-	cted (small mammals, birds, etc.) and the
2. Please describe the location where the work we county and the lake or stream name.	ill be done (county, etc.). l	For fish and mussel surveys, please indicate the

3. Please indicate whether all specimens will be release retained or killed (inc. vouchered), please indicate the retained or killed (inc. vouchered).		•
4. Where will voucher specimens (if any) be stored (in	clude name	e and city and state)?
	ease attach	ner chemical be administered to any specimens that are being written approval from a licensed veterinarian or a university all for the purpose indicated on this application form.
6. Will any specimens be marked in any way or gene If yes, please list the types of markers that will be used		
7. Will any work be done on public property (nature	preserve, et	c.)?
8. Will any federally protected or endangered species If yes, please attach a copy of your federal permit to Please attach your pro	for the worl	· · · · · · · · · · · · · · · · · · ·
		, , ,
I have read and understand the regulations governing the		
		ments and a check or money order made payable 0.00 to the address listed on page 1.
Signature of Applicant		Date
<u>N</u> E	EW APPLI	<u>CANTS</u>
		obtain the signatures of two scientists in a relevant field to nust attach an original, signed letter of reference from each.
1) Signature of Reference (Scientist/Biologist)		
Printed Name		Occupation
Address (number and street, city, state, ZIP code)		
2) Signature of Reference (Scientist/Biologist)		
Printed Name		Occupation
Address (number and street, city, state, ZIP code)		
FOR	OFFICE U	USE ONLY
Date Application Received		Check/Money Order Number
License Number Date Licen		
Approved by		
Comments		